

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E-H		09-25-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	B-H	544	10-29-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/29/01

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